

**TOWN OF ARLINGTON**



**Recreation Department**

**ARLINGTON RECREATION KID CARE AFTER SCHOOL PROGRAM  
PAYMENT FORM  
2018-19 SCHOOL YEAR**

DATE: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROGRAM: ARLINGTON RECREATION KID CARE AFTERSCHOOL

I UNDERSTAND THAT THE ABOVE PROGRAM IS TO BE PAID ON AN AUTOMATIC MONTHLY PAYMENT BASIS AND THAT THE PAYMENTS ARE MADE ON OR NEAR THE FIFTEENTH OF EACH MONTH.

I AUTHORIZE AUTOMATIC PAYMENTS TO BE MADE TO ARLINGTON RECREATION FOR THE KID CARE PROGRAM.

PLEASE CIRCLE: MASTERCARD      VISA      DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE 3 DIGITS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE PRINT NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

Please email this form to Linda at [lkirchner@town.arlington.ma.us](mailto:lkirchner@town.arlington.ma.us). You may also phone in the information to 781-316-3880.